The consensus panel recommends that counselors use primarily a supportive, empathic, and culturally appropriate approach when working with clients with COD.

One is the use of motivational enhancement consistent with the client's specific stage of recovery.

Other strategies include contingency management, relapse prevention, and cognitive–behavioral techniques.

Clinicians often play an important role in facilitating the participation of these clients in such groups.

Six Guiding Principles in Treating Clients With COD

1. Employ a recovery perspective.
2. Adopt a multi-problem viewpoint.
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.

Treatment should address immediate and long-term needs for housing, work, health care, and a supportive network.

three to five phases are identified, including engagement, stabilization, treatment, and aftercare or continuing care.

use of these phases enables the clinician (whether within the substance abuse treatment or mental health services system) to develop and use effective, stage-appropriate treatment protocols

The growing recognition that co-occurring disorders arise in a context of personal and social problems, with a corresponding disruption of personal and social life, has given rise to approaches that address specific life problems early in treatment.

Solving such problems often is an important first step toward achieving client engagement in continuing treatment. Engagement is a critical part of substance abuse treatment generally and of treatment for COD specifically, since remaining in treatment for an adequate length of time is essential to achieving behavioral change.

Six core components that form the ideal delivery of services for clients with COD. These include:

1. Providing access
2. Completing a full assessment
3. Providing an appropriate level of care
4. Achieving integrated treatment
5. Providing comprehensive services
6. Ensuring continuity of care

Access occurs in four main ways:

1. Routine access for individuals seeking services who are not in crisis
2. Crisis access for individuals requiring immediate services due to an emergency

3. Outreach, in which agencies target individuals in great need (e.g., people who are homeless) who are not seeking services or cannot access ordinary routine or crisis services

4. Access that is involuntary, coerced, or mandated by the criminal justice system, employers, or the child welfare system

Assessment of individuals with COD involves a combination of the following:

- Screening to detect the possible presence of COD in the setting where the client is first seen for treatment
- Evaluation of background factors (family, trauma history, marital status, health, education and work history), mental disorders, substance abuse, and related medical and psychosocial problems (e.g., living circumstances, employment, family) that are critical to address in treatment planning
- Diagnosis of the type and severity of substance use and mental disorders
- Initial matching of individual client to services (often, this must be done before a full assessment is completed and diagnoses clarified; also, the client's motivation to change with regard to one or more of the co-occurring disorders may not be well established)
- Appraisal of existing social and community support systems
- Continuous evaluation (that is, re-evaluation over time as needs and symptoms change and as more information becomes available)

A Vision of Fully Integrated Treatment for COD

- The client participates in one program that provides treatment for both disorders.
- The client's mental and substance use disorders are treated by the same clinicians.
- The clinicians are trained in psychopathology, assessment, and treatment strategies for both mental and substance use disorders.
- The clinicians offer substance abuse treatments tailored for clients who have severe mental disorders.
- The focus is on preventing anxiety rather than breaking through denial.
- Emphasis is placed on trust, understanding, and learning.
- Treatment is characterized by a slow pace and a long-term perspective.
- Providers offer stage-wise and motivational counseling.
- Supportive clinicians are readily available.
- 12-Step groups are available to those who choose to participate and can benefit from participation.
- Neuroleptics and other pharmacotherapies are indicated according to clients' psychiatric and other medical needs.

Source: Adapted from Drake et al. 1998b, p. 591.

Finally, relapse prevention efforts are essential, since substance abuse generally disqualifies clients from public housing in the community.

Consistency between primary treatment and ancillary services

- Seamlessness as clients move across levels of care (e.g., from residential to outpatient treatment)
- Coordination of present and past treatment episodes

Assessing the Agency's Potential To Serve Clients With COD

1. Describe the profile of current clients with COD and any potential changes anticipated.
    a. Estimate the prevalence of persons with COD among the agency's clients. (One of the screening tools recommended in chapter 4 may be appropriate for this purpose.)
    b. What are the demographics of persons with COD?
    c. What functional problems do they have?
    d. Are there clients with COD who seek care at the agency who are referred elsewhere? What is the profile of these clients?
2. Identify services needed by clients.
    a. What services are needed by existing and potential clients?
3. Identify and assess resources available to meet client needs.
    a. What services are immediately available to the program?
    b. What services could be added within the program?
    c. What services are available from the community that would enhance care?
    d. How well are outside agencies meeting clients' needs?
4. Assess resource gaps.
    a. What resources are needed to enhance treatment for persons with COD?
    b. What can your agency, specifically, do to enhance its capacity to serve these clients?
5. Assess capacity.
    a. Realistically assess the capacity of your agency to address these resource gaps.
6. Develop a plan to enhance capacity to treat clients with COD.
    a. How can the skills of existing staff be increased?
    b. Can additional expertise be accessed through consulting agreements or similar arrangements?
    c. What additional programs or services can be offered?
    d. What sources of funding might support efforts to enhance capacity?

Key System Development Components

- Provide Leadership/Build Consensus
- Identify Resources
- Develop New Models/Train Staff
- Decide on Outcomes
- Evaluate Program

Development and Staff Support

These include

- The attitudes and values providers must have to work successfully with these clients
- Essential competencies for clinicians (basic, intermediate, and advanced)
- Opportunities for continuing professional development
- Ways to avoid burnout and reduce turnover—common problems for any substance abuse treatment provider, but particularly so for those who work with clients who have COD

Essential Attitudes and Values for Clinicians Who Work With Clients Who Have COD

- Desire and willingness to work with people who have COD
- Appreciation of the complexity of COD
- Openness to new information
- Awareness of personal reactions and feelings
- Recognition of the limitations of one's own personal knowledge and expertise
- Recognition of the value of client input into treatment goals and receptivity to client feedback
- Patience, perseverance, and therapeutic optimism
- Ability to employ diverse theories, concepts, models, and methods
- Flexibility of approach
- Cultural competence
- Belief that all individuals have strengths and are capable of growth and development (added by consensus panel)
- Recognition of the rights of clients with COD, including the right and need to understand assessment results and the treatment plan

Examples of Basic Competencies Needed for Treatment of Persons With COD

- Perform a basic screening to determine whether COD might exist and be able to refer the client for a formal diagnostic assessment by someone trained to do this.
- Form a preliminary impression of the nature of the disorder a client may have, which can be verified by someone formally trained and licensed in mental health diagnosis.
- Conduct a preliminary screening of whether a client poses an immediate danger to self or others and coordinate any subsequent assessment with appropriate staff and/or consultants.
- Be able to engage the client in such a way as to enhance and facilitate future interaction.
- De-escalate the emotional state of a client who is agitated, anxious, angry, or in another vulnerable emotional state.
- Manage a crisis involving a client with COD, including a threat of suicide or harm to others. This may involve seeking out assistance by others trained to handle certain aspects of such crises; for example, processing commitment papers and related matters.
- Refer a client to the appropriate mental health or substance abuse treatment facility and follow up to ensure the client receives needed care.
- Coordinate care with a mental health counselor serving the same client to ensure that the interaction of the client's disorders is well understood and that treatment plans are coordinated.

Six Areas of Intermediate-Level Competencies Needed for the Treatment of Persons With COD

- ***Competency I:*** **Integrated Diagnosis of Substance Abuse and Mental Disorders.** Differential diagnosis, terminology (definitions), pharmacology, laboratory tests and physical examination, withdrawal symptoms, cultural factors, effects of trauma on symptoms, staff self-awareness
- ***Competency II:*** **Integrated Assessment of Treatment Needs.** Severity assessment, lethality/risk, assessment of motivation/readiness for treatment, appropriateness/treatment selection

- ***Competency III:*** **Integrated Treatment Planning.** Goal-setting/problem-solving, treatment planning, documentation, confidentiality,1 legal/reporting issues, documenting issues for managed care providers
- ***Competency IV:*** **Engagement and Education.** Staff self-awareness, engagement, motivating, educating
- ***Competency V:*** **Early Integrated Treatment Methods.** Emergency/crisis intervention, knowledge and access to treatment services, when and how to refer or communicate
- ***Competency VI:*** **Longer Term Integrated Treatment Methods.** Group treatment, relapse prevention, case management, pharmacotherapy, alternatives/risk education, ethics, confidentiality,1 mental health, reporting requirements, family interventions

Examples of Advanced Competencies in the Treatment of Clients With COD

- Use the current edition of criteria from the Diagnostic and Statistical Manual of Mental Disorders, to assess substance-related disorders and mental disorders.
- Comprehend the effects of level of functioning and degree of disability related to both substance-related and mental disorders, separately and combined.
- Recognize the classes of psychotropic medications, their actions, medical risks, side effects, and possible interactions with other substances.
- Use integrated models of assessment, intervention, and recovery for persons having both substance-related and mental disorders, as opposed to parallel treatment efforts that resist integration.
- Apply knowledge that relapse is not considered a client failure but an opportunity for additional learning for all. Treat relapses seriously and explore ways of improving treatment to decrease relapse frequency and duration.
- Display patience, persistence, and optimism.
- Collaboratively develop and implement an integrated treatment plan based on thorough assessment that addresses both/all disorders and establishes sequenced goals based on urgent needs, considering the stage of recovery and level of engagement.
- Involve the person, family members, and other supports and service providers (including peer supports and those in the natural support system) in establishing, monitoring, and refining the current treatment plan.
- Support quality improvement efforts, including, but not limited to consumer and family satisfaction surveys, accurate reporting and use of outcome data, participation in the selection and use of quality monitoring instruments, and attention to the need for all staff to behave respectfully and collaboratively.

Source: Adapted from Minkoff 1999.

Treatment Planning and Documentation Issues for Mental and Substance Use Disorders

Description

This course provides an opportunity for participants to review the principles of collaborative treatment planning, including working from a comprehensive assessment; identifying and mutually setting long- and short-term goals; identifying steps for accomplishing goals, the persons

responsible for collaborative treatment planning, and a defined timeline; and reviewing and altering such plans when necessary. Progress tracking is reviewed, including how to write clear and concise notes, and the principles for their review. This course focuses on effective treatment principles and the practices of writing and reviewing plans.

Course Objectives

By the end of this course, participants will be able to

- Review the principles and processes that support thorough and accurate assessment and diagnosis, including strengths-based interviewing skills and cultural diversity issues.
- Examine each step in treatment/service planning, its rationale, and the similarities and differences in service and treatment planning.
- Describe the importance of the person with COD having active involvement and real choice in all post-acute treatment planning processes (and some means for incorporating these features in acute care settings).
- Identify means of writing brief and useful progress notes that support movement toward positive outcomes.
- Discuss means of using progress notes with the person as a useful piece of the ongoing treatment/service process.

Source: Supplied by consensus panelist Donna McNelis, Ph.D.